

Contract Health Services in Federal Facilities

Contract Health Services Program Defined

- “...health services provided at the expense of the IHS from public and private medical or hospital facilities other than those of the Service.”
- simply put, these are the services that we cannot directly provide, therefore we buy them.

Contract Health Service Delivery Area

- Contract Health Service Delivery Area is referred to as the CHSDA.
- CHSDA defined: "...the geographic area within which CHS will be made available by the IHS to members of an identified Indian community who reside in the area."

CHSDA

- In federal service units, the CHSDA is typically defined as the reservations and the counties touching the reservation boundaries.

CHS Eligibility

- In general, CHS is available to...
- Indians that reside in the U.S. and on a reservation with the CHSDA.
- Tribal members of reservation who will off the reservation, but in the CHSDA.
- Other Indians that maintain close social and economic ties to that tribe

CHS Eligibility

- Students and transients who are otherwise eligible for CHS at their permanent residence.
 - Full time students while away at school and during breaks and for 180 days after completion of school.
 - Transients (Persons who are in travel or temporarily employed during their absence)

CHS Eligibility

- Other Persons...
 - Person who are otherwise eligible that move from the CHSDA are eligible for CHS for 180 days. There are generally viewed as permanent moves.
 - Foster and adopted children
 - Non-Indian eligibilities
 - Pregnant women
 - Public health, infectious disease cases

CHS Priorities

- Physician role
- CHS Committee role

CHS Denials

- CHS regulations require patients be provided written denials that state the reason for the denial and their rights to appeal the denial decision.

Denial Reasons

- Alternate Resources
- Eligibility Not Established
- No Notification of Emergency Service within 72 Hours
- No Prior Approval for Non-Emergency Service
- Lives Outside CHSDA
- IHS or Tribal ambulatory Facility Was Available
- Insufficient Medical Information
- Care Not Within Medical Priority

FY 2006 Deferred Services Requirements

1. The patient must have accessed the IHS health care system during the reporting period.
2. The service deferred must be elective (i.e., "deferrable"), not emergent/urgent. Denials for payment of care received that were not within medical priorities are reported through the denial reporting process, not as a deferrable service.

FY 2006 Deferred Services Requirements Cont.

3. The service required cannot be accessible/available to the patient in the IHS direct system (care provided directly in IHS clinics or facilities, not CHS care) within the usual and customary treatment and referral patterns.
4. The service deferred must be within IHS medical priorities. Items listed in the IHS medical priorities as procedures that IHS will not pay for cannot be reported as a deferrable service.

Maintaining Deferred Service List

- Documented deferred and denied services is just good business practice.
- Documented deferred and denied services help establish an un-met need.
- Documentation is required for consideration of deferred service funding.

CHS Reports

Available RPMS Reports:

- Accrued Deferred Services Report
- List of Denial Documents by Issue Date
- Facility Denial Statistics